

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 6610736
FILING DATE 09/701739
APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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TOTAL IND.	1		1			
TOTAL DEP.	98	2	21	2		
TOTAL CLAIMS	99	2	22	2		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS